

REPORTABLE DISEASES IN KENTUCKY

1998-1999 SUMMARY



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June, 2000

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Printed with state funds



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INTRODUCTION

The Division of Epidemiology and Health Planning is pleased to release this surveillance summary of reportable diseases in Kentucky. This publication will offer valuable information about disease incidence to readers throughout the health and human services community.

During the two-year period covered, several important disease trends were noted. The incidence of reported AIDS cases decreased significantly from 1996 through 1999. This decrease may be due in part to delays in reporting and to advances in antiretroviral medications. Reported cases of gonorrhea continue to decline. However, reported cases of chlamydia are increasing noticeably in the 15 to 24 year old age group.

Cases of most vaccine preventable diseases remained low. A few cases of measles, mumps, and *Haemophilus influenza* were reported across the two-year period ending December 31, 1999. A pertussis outbreak occurred in both 1998 and 1999.

We acknowledge the contribution of the local health department's surveillance personnel and of all the physicians, hospital infection control personnel and medical laboratory personnel who have reported cases as required by statute. We remain committed to the timely dissemination of our findings to all who are partners in disease prevention.

DESCRIPTION OF KENTUCKY

Kentucky is located in the south central United States along the west side of the Appalachian Mountains. Its area of 40,411 square miles includes some of the most diverse topography in the eastern half of the nation. The eastern part of the state, the Eastern Coal Field, is a rugged, mountainous area covered with forests and dissected by streams. In the gently rolling central part of the state, the Bluegrass region to the north and the Mississippi Plateau to the south are separated by a chain of low, steep hills, the Knobs. The western part of the state, the Western Coal Field, is comprised of less rugged mountains enclosed by the Mississippi Plateau. The southwest corner of the state, the Jackson Purchase, is a low flat plain. Kentucky is bordered by seven states. The potential for interstate transmission of disease is high.

The Urban Studies Center at the University of Louisville estimates that 3,935,670 persons resided in Kentucky in 1998. Over one-fourth of the Kentucky population live in the three urban counties of Jefferson, Fayette, and Kenton.

A high percentage of the population in Kentucky uses public health departments for health care needs. Each of the 120 counties in the state has at least one local health department site at which major preventive services are provided.

The Area Development Districts (ADD) are statutory groupings of Kentucky's 120 counties into multi-county planning districts. These 15 districts provide technical planning and assistance to cities and counties and serve as local clearinghouses for federally-funded programs.

SURVEILLANCE SYSTEM

Surveillance of reportable diseases is the ongoing systematic collection, analysis, and dissemination of health data about cases that meet the case definitions for infectious conditions as published by the Centers for Disease Control (MMWR; May 2, 1997/vol.46/No. RR-10). The data provide the basis for detecting disease outbreaks, and for calculating incidence, geographic distribution, and temporal trends. They are used to initiate prevention programs, evaluate established prevention and control practices, suggest new intervention strategies, identify areas for research, document the need for disease control funds, and help answer questions from the community.

Data collected are reported weekly to the National Notifiable Diseases Surveillance System (NNDSS) operated by the Centers for Disease Control. There the data are combined for national analyses and are reported in the weekly publication, *Morbidity and Mortality Weekly Report*. Ongoing analysis of this extensive data base has led to better diagnosis and treatment methods, national vaccine schedule recommendations, changes in vaccine formulation, and the recognition of new or resurgent diseases. Selected data also are reported monthly in the Kentucky Epidemiologic Notes and Reports.

Reporting by physicians is mandated by Kentucky Revised Statute 214.010. Under the authority of the general preventable disease statute, KRS 211.180, the Cabinet for Health Services has also promulgated an administrative regulation, 902 KAR 2:020, which extends reporting responsibility to hospitals, clinical laboratories, nurses, and all other health care professionals. The regulation gives the reporting source a choice of notifying either the local health department or the Department for Public Health. Despite this legal framework the system depends on active, voluntary participation of medical personnel.

Adverse health data are reported on the Kentucky Reportable Disease Form (EPID 200, rev. 9/99) to the local health department or the Kentucky Department for Public Health. A Desk Reference with case definitions, the EPID 200 form, and supplemental forms on certain diseases, is available to all health departments, hospitals, and other health care providers to assist their reporting. Reports are forwarded to the Division of Epidemiology and Health Planning by mail or in urgent circumstances may be reported by telephone (**toll-free 1-888-973-7678**).

When reports are received, they are scrutinized carefully and, when appropriate, additional steps are initiated to assist local health departments in planning interventions.

Explanatory Notes

The reporting period for the data in this report is January 1, 1998, through December 31, 1999. Frequency counts include only cases reported as having occurred during this time period.

Population figures used in computing rates for the time period are based on 1998 estimates from the Population Studies Program, Urban Studies Center, University of Louisville, Louisville, Kentucky.